

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

3975 Fair Ridge Dr.

Suite 400 North

☐ Check if different than previously reported. (ACC)

FAIRFAX

VA

22033

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00408435

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Doug Huynh

Signature of Treasurer

Doug Huynh

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 13 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

## SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		83137.57
(b) Cash on Hand at Beginning of Reporting Period.....	35033.44	
(c) Total Receipts (from Line 19) .....	20992.68	33582.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56026.12	116720.40
7. Total Disbursements (from Line 31) .....	2582.27	63276.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	53443.85	53443.85
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2015

To:

M M / D D / Y Y Y Y Y  
09 30 2015

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

**11. Contributions (other than loans) From:**

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10100.00

16100.00

(ii) Unitemized .....

10876.00

14912.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

20976.00

31012.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

20976.00

31012.00

**12. Transfers From Affiliated/Other**

Party Committees.....

0.00

0.00

**13. All Loans Received .....**

0.00

0.00

**14. Loan Repayments Received.....**

0.00

0.00

**15. Offsets To Operating Expenditures**

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

**16. Refunds of Contributions Made**

to Federal Candidates and Other

Political Committees.....

0.00

2500.00

**17. Other Federal Receipts**

(Dividends, Interest, etc.).....

16.68

70.83

**18. Transfers from Non-Federal and Levin Funds**

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

20992.68

33582.83

**20. Total Federal Receipts**

(subtract Line 18(c) from Line 19) ..... ▶

20992.68

33582.83

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	82.27	276.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	82.27	276.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	63000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2582.27	63276.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2582.27	63276.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20976.00	31012.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20976.00	31012.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	82.27	276.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	82.27	276.55

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. David M. Agarwal

Mailing Address 550 North University Blvd

City  
Indianapolis

State Zip Code  
IN 46202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Univ School of Med

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2015

Transaction ID : SA11AI.9309

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Amberson

Mailing Address 300 Professional Drive

City  
Scarborough

State Zip Code  
ME 04074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spectrum Medical Group

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2015

Transaction ID : SA11AI.9290

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Birn

Mailing Address 4000 Wellness Drive

City  
Midland

State Zip Code  
MI 48670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midland Radiology Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2015

Transaction ID : SA11AI.9229

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Stuart Braverman**

Mailing Address 232 Constance Ln.

City State Zip Code  
 Santa Barbara CA 93105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Pueblo Radiology Medical Group

Occupation  
 doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015

Transaction ID : SA11AI.9221

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Brian Bruening**

Mailing Address 4005 24th Street

City State Zip Code  
 Lubbock TX 79410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lubbock Diagnostic Radiology

Occupation  
 physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015

Transaction ID : SA11AI.9263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jonathan J. Crystal**

Mailing Address 110 Canaan Rd.

City State Zip Code  
 New Paltz NY 12561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Vassar Brothers Med Ctr

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015

Transaction ID : SA11AI.9361

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Bhavika R. Dave**Mailing Address 959 Lake Harbour Dr.  
Apt 1101

City	State	Zip Code
Ridgeland	MS	39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Mississippi Medi

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2015

Transaction ID : SA11AI.9289

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Meredith J. Englander**

Mailing Address 81 Brookline Ave

City	State	Zip Code
Albany	NY	12203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Albany Medical Center Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.9347

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**c. Christopher J. Friend**

Mailing Address 4735 Butler Street Fl. 2

City	State	Zip Code
Pittsburgh	PA	15201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Pittsburgh

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2015

Transaction ID : SA11AI.9291

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Monte Golditch**

Mailing Address 7 Broadmoor Ave.

City	State	Zip Code
Colorado Springs	CO	80906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : SA11AI.9341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Gregory Gordon**

Mailing Address 4401 Wornall Rd.

City	State	Zip Code
Kansas City	MO	64111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Hospital

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Transaction ID : SA11AI.9356

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr. Neil Halin**Mailing Address 750 Washington St  
# 253

City	State	Zip Code
Boston	MA	02111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2015

Transaction ID : SA11AI.9190

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Brent Herbel**

Mailing Address PO Box 6341

City	State	Zip Code
Grand Forks	ND	58206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Altru Hospital

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2015

**Transaction ID : SA11AI.9236**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Daniel Hoefer**

Mailing Address 5729 Vineyard Rd.

City	State	Zip Code
Oregon	WI	53575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Madison Radiologists

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : SA11AI.9306**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Carl Kim**

Mailing Address 86 Garden St

City	State	Zip Code
San Francisco	CA	94115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seton Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2015

**Transaction ID : SA11AI.9199**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 11 OF 19  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mark W. Kringlen**

Mailing Address 843 Eaglepointe Drive

 City State Zip Code  
 North Salt Lake UT 84054

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Mountain Med. Physician Specia

 Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 08 2015

Transaction ID : SA11AI.9359

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. M. Victoria Marx**
 Mailing Address 1200 N State Street  
 Room GNH 3550

 City State Zip Code  
 Los Angeles CA 90033

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 LAC & USC Medical Center

 Occupation  
 doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 19 2015

Transaction ID : SA11AI.9318

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dr. M. Victoria Marx**
 Mailing Address 1200 N State Street  
 Room GNH 3550

 City State Zip Code  
 Los Angeles CA 90033

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 LAC & USC Medical Center

 Occupation  
 doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 08 19 2015

Transaction ID : SA11AI.9319

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Chanh D Nguyen**

Mailing Address 1740 E Shepherd Ave  
Apt 158

City State Zip Code  
Fresno CA 93720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CMI Radiology Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2015

Transaction ID : SA11AI.9244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Oliver D. Ochs**

Mailing Address 2147 E. Hamlin

City State Zip Code  
Seattle WA 98112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radia Business Office

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.9336

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jin Park**

Mailing Address 11692 Parkside Ave

City State Zip Code  
Alpharetta GA 30005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northside Radiology Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2015

Transaction ID : SA11AI.9374

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Paul Dante Rotolo**

Mailing Address 219 Brackett St.

City

Portland

State

ME

Zip Code

04102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	5

**Transaction ID : SA11AI.9346**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Suken H Shah**

Mailing Address 2 Jewel Ct

City

Montville

State

NJ

Zip Code

07045-9443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newark Beth Israel Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

**Transaction ID : SA11AI.9247**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Ezequiel Silva**

Mailing Address 422 Normandy Ave

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	1	5

**Transaction ID : SA11AI.9207**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Coralli So**

Mailing Address 244 West Newton St.  
#3

City State Zip Code  
Boston MA 02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Melrose-Wakefield Hospital

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2015

Transaction ID : SA11AI.9237

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John Statler**

Mailing Address 11112 Meadow Road

City State Zip Code  
Tacoma WA 98499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2015

Transaction ID : SA11AI.9191

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Frank Taylor**

Mailing Address 3100 E Fletcher Ave

City State Zip Code  
Tampa FL 33613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Community Hospital

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2015

Transaction ID : SA11AI.9251

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. John JT Thomas**

Mailing Address 13651 Treasure Trail Dr.

City

San Antonio

State

TX

Zip Code

78232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	5

**Transaction ID : SA11AI.9220**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James Thomasson Jr.**

Mailing Address 1943 Elzey Ave.

City

Memphis

State

TN

Zip Code

38104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Methodist University Hospital

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	5

**Transaction ID : SA11AI.9364**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Brandon S Tominna**Mailing Address 1535 Gull Road  
Suite 200

City

Kalamazoo

State

MI

Zip Code

49048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Radiology

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	5

**Transaction ID : SA11AI.9302**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Carl D. Vegas**

Mailing Address 545 NE 47th Ave Suite 215

City	State	Zip Code
Portland	OR	97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Specialists of the N

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2015

Transaction ID : SA11AI.9209

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Eric A. Wang**

Mailing Address 1701 East Blvd

City	State	Zip Code
Charlotte	NC	28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Radiology PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2015

Transaction ID : SA11AI.9278

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jamison L Wilson**

Mailing Address 11332 Wilderness Trail

City	State	Zip Code
Fishers	IN	46038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University School of M

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2015

Transaction ID : SA11AI.9320

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ▶

750.00

TOTAL This Period (last page this line number only)..... ▶

10100.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

**Transaction ID : SB21B.9183**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

26.70
-------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

**Transaction ID : SB21B.9184**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

1.51
------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

**Transaction ID : SB21B.9185**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

24.94
-------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

53.15
-------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 19

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

**Transaction ID : SB21B.9186**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

  
Category/  
Type

1.55
------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

**Transaction ID : SB21B.9187**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

  
Category/  
Type

25.97
-------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

**Transaction ID : SB21B.9188**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

  
Category/  
Type

1.60
------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

29.12
-------

82.27
-------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JOHN S FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Mailing Address PO BOX 853

City	State	Zip Code
EDWARDSVILLE	IL	62025

**Transaction ID : SB23.9189**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**JOHN M SHIMKUS**Category/  
Type

2500.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 19

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

2500.00